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FORMS OF FEMALE PARTICIPATION IN THE CONSTRUCTION OF PUBLIC POLICIES ON WOMEN'S HEALTH IN BRAZIL AND IN THE WORLD

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Abstract: Health is an internationally recognized human right in various treaties and in the Universal Declaration of Human Rights. In Brazil, health is a duty of the State and is organized in a system formed by a regionalized and hierarchical network in which community participation is a requirement imposed by the Constitution and regulated by Law 8142/90. This participation occurs mainly through the health councils: permanent collegiate bodies that work in the formulation and control of the execution of health policies and are formed by health professionals, users, government agencies and service providers. Recently, the participation of women in councils has become a goal of the National Health Council, as they are the majority of the population and the main users of the health system, but women's health policies do not adequately meet important needs. In this exploratory study of literature review, we will carry out a theorization based on the analysis of qualitative data on how the participation of women in councils impacts on the definition of women's health policies and on the norms on the availability and accessibility of services and supplies, in particular, regarding reproductive freedom, termination of pregnancy, intimate and sexual health, contraceptive measures and combating gender-based violence, and we will carry out a comparative study on how women in other countries organize themselves to participate in the definition of women's health policies.
Keywords: Popular participation, Health Councils, Public policy, Women's Health, International right

INTRODUCTION

The evolution of the civilizing process that culminated in the organization of peoples in nations organized in Democratic States of Law, instituted by hierarchical legal systems, in which the Constitutions have preponderance over any other legal, customary or social norm, brought with it the recognition of essential rights such as the life, liberty, equality and dignity, among others.

These human rights, when included in the constitutional texts, receive the greatest protection that is possible in a legal system, being considered fundamental rights and to be effective in the lives of individuals, it is often necessary that other rights are also imposed that need the same protection, since the mitigation of one would extinguish the effectiveness of enjoyment of the other. This way, it is absolutely consistent that, since the rights to life and dignity are fundamental rights, the right to health is also fundamental, since a life without health enters into a process of deterioration that robs it of dignity and, finally, ends.

In 1948, the Universal Declaration of Human Rights affirms that everyone has the right to a standard of living adequate for the health and medical care of himself and his family. The right to health is, therefore, one of the most essential rights of humanity. In 1966, the International Covenant on Economic, Social and Cultural Rights adopted by the XXI Session of the United Nations General Assembly, internalized to Brazilian law by Decree 591/92, provides that every person has the right to enjoy the highest possible level of health. physical and mental, and stipulates what measures the States parties to the Covenant must adopt in order to ensure the full exercise of this right. Later, in 1999, the Protocol of San Salvador, internalized into Brazilian law by Decree 3,321, reaffirms that everyone has the right to health, health being understood as the enjoyment of the highest level of physical, mental and social well-being and imposes obligations on the signatory States to adopt measures to give effect to this right, among which the extension of the benefits of health services to

all persons subject to the jurisdiction of the State stand out; full immunization against major infectious diseases; the prevention and treatment of endemic, occupational and other diseases; and meeting the health needs of groups at highest risk and who, due to their poverty, are more vulnerable.

Inspired by these norms, the Constituent Assembly of Brazil, in 1988, also included in the Brazilian Constitution the provision of the right to health, and in articles 6 and 196 to 200 it constitutionally protects this right and affirms that health is a right of all and duty of the State, which must be guaranteed through social and economic policies, as well as universal and equal access to actions and services for their promotion, protection and recovery. Article 198 establishes that public health actions and services are part of a regionalized and hierarchical network and constitute a single system that has community participation as one of its guidelines.

In 1990, laws 8,080 and 8,142 were enacted. The first reaffirms that health is a fundamental human right, and the State must provide the conditions necessary for its full exercise and provides for community participation as a principle to be obeyed by public health actions and services and also for private services. contractors or agreements that are part of the Unified Health System; and the second regulates community participation in the management of the SUS (Unified Health System) through the imposition that, in each sphere of government, without prejudice to the functions of the Legislative Power, there are collegiate bodies of Health Conferences and Health Councils.

The Health Councils are, according to the rules that establish and govern them, permanent deliberative bodies, composed of government representatives, service providers, health professionals and users, who work in the formulation of strategies and in the control of the execution of the health policy in the corresponding instance, including the economic and financial aspects, whose decisions will be approved by the head of the power legally constituted in each sphere of government.

Decree 5,839/06 regulates the organization and attributions of the CNS and lists among the competences of the CNS those of establishing guidelines to be observed in the elaboration of health plans, depending on the epidemiological characteristics and organization of the services and proposing criteria for the definition of standards and care parameters. In turn, Resolution number 407, which establishes the Internal Regulations of the CNS (National Health Council), defining the purpose of this collegiate body to act in the formulation and control of the execution of the National Health Policy, including in the economic and financial aspects, in the strategies and in the promotion of the process of social control in all its amplitude, in the scope of the public and private sectors. This document, in its Third Directive, stipulates that the participation of organized society, guaranteed in the legislation, makes the Health Councils a privileged instance in the proposition, discussion, monitoring, deliberation, evaluation and inspection of the implementation of the Health Policy. The same normative provision includes the provision that the participation of bodies, entities and social movements in the CNS will have as a criterion the representativeness, scope and complementarity of society as a whole according to local specificities, applying the principle of parity and, which will include, among others, the representation of organized women's movements. The Fifth Directive affirms the competence of the Council to deliberate on health programs and approve projects to be forwarded to the Legislative Power, propose the adoption of criteria that

define quality and resolution, updating them in the light of the process of incorporating scientific and technological advances in the health area.

On the other hand, Resolution 507/19, which determines that the inclusion of representations that seek to face inequities in health, such as representations of women, in the spaces of the councils, be guaranteed. These competences are of special relevance in the scope of this study, because here we find the legal basis to support that the participation of women in the Councils can be fundamental for the adequate definition of health policies and services.

However, in 2020, the CNS carried out a study on the participation of women in the Health Councils and found that in the CNS there are only 38% of women and that in the State Councils the participation of women is only, on average, 45%, despite of female population represent 51% of the total Brazilian population.[1] The same study shows that the composition of councils only reflects the actual proportion of women in 12 states. In view of these normative provisions and the data presented, we will then analyze the process of evolution of gender equality policies interacting with the construction of women's health policies in Brazil and in other countries, especially in Latin America.

GENDER EQUALITY POLICIES IN BRAZIL AND IN THE WORLD

The consolidation and expansion of health policies for women is not an isolated process. The search for equality in other areas acts in a synergistic way towards the recognition that women have specific needs and the occupation of women in political spaces and in the construction of public policies is not just a matter of representation, but of equality and attention to these feminine needs. Thus, it is essential to analyze the process of women's participation in the construction of gender policies in general and how this process interacts with women's health policies.

One of these important spaces is the National Council for Women's Rights (CNDM), created in 1985, linked to the Ministry of Justice, with the objective of promoting policies aimed at eliminating discrimination against women and ensuring their participation in political, economic and cultural activities. country, through Law 7.353/85. There is an interaction between women's health policies and public policies in general. It is possible to observe that female participation is not homogeneous in spaces with different attributions, so that the expansion of female participation in councils, conferences, public hearings, which are spaces in which there is normative power, control and allocation of financial resources is a great challenge even today. As per the study: [2]Martinez, and Garrido shows the importance of women in positions, councils, participation so that they can monitor equality policies for women, including in the area of health:

> "In addition, in those sectors where the female presence is greater, there are three areas that respond to different patterns of representation: a first sector where women's representation reaches its highest quotas, in equity, gender and family committees, where their representation, when present, exceeds 75%. Second, areas where the female presence exceeds 40% of representatives and approaches 50% of parity, such as superior committees, support for vulnerable groups and human rights; finally, areas

1. NATIONAL HEALTH COUNCIL. International Women's Day: how representative they are in social control in health? Brasília, March 6, 2020. Available at: <http://conselho.saude.gov.br/ultimas-noticias-cns/1052-dia-internacional-da-mulher-qual-a-representatividade-delas-no-controle-social-na-saude> Accessed on: October 21, 2020.

2. MARTINEZ, María Antonia; social GARRIDO, Antonio. "Representación descriptiva y sustantiva: la doble brecha de género en América Latina". Revista Mexicana de Sociología, v. 75, n. 3, 2013, p. 407-438.

> where female representation is significant, above 25%, but without reaching 40% of the previous group: education (31.6%), health (39.65%) and culture (29.5%). Not only are women excluded from maximum representation in the commissions we call production, but their presence is reduced to minimal levels in the commissions that are dedicated to addressing the most relevant issues on the political agenda: budget and finance, economics, energy, public works and transport, agriculture, fisheries and livestock, industry and commerce, defense and internal security Etc. On these committees, male representation is often more than 80%: more than 90% in areas such as the budgets and public finance, 86% in energy and mining; more than 85% in defence, 82% in terms of transport and public works; almost 80% in agriculture, fishing or livestock, etc. This way, there is a new gender segregation in political representation within legislative chambers, regardless of whether or not the country has introduced quota legislation."

In 1980, the Second World Conference on Women took place under the theme "Education, Employment and Health", in Copenhagen. From this event, international society began to become aware of the low participation of men in equality processes, and the fight against gender inequalities, scarcity of women in decision-making positions, low investment in social support services, among other factors. In 1985, the Third World Conference took place, which once again placed women's health in its priorities:

"The Third World Conference, 1985 – on Women with central theme "Future Oriented Strategies for the Development of Women by the Year 2000", Nairobi. In the balance of the decade, it was found that few goals had been achieved, leading to more organization and pressure from civil society. There was a demand for more participation of women in the production of wealth in societies. As a result, measures of a legal nature were identified to achieve equality in social and political participation and in decision-making positions. Among the commitments, the following stand out: equal access to education, opportunities at work and women's health care."

In 1995, the Fourth World Conference on Women was held, which was a decisive milestone on many issues, including for women's health as a matter of equality, dignity before the international community:

"1995 – Fourth World Conference on Women with the central theme "Action for Equality, Development and Peace", China. The Beijing Platform for Action affirms women's rights as human rights and is committed to specific actions to ensure that these rights are respected."

These periodic international events progressively expand the consciousness of peoples and national governments, but this process is also not uniform in all regions of the planet. Therefore, it is also interesting to check the specific regional context of Latin America.

PARTICIPATION OF WOMEN IN PUBLIC POLICY IN LATIN AMERICA

The growing female participation in public and private spaces and the rhythmic globalization with the frenetic development of technology brought with it the urgency of women's participation in decision-making spaces of social transformation. This is because, although there is progress regarding the inclusion of women as a consumer agent, and recognition of women, it is inevitable to find the precariousness of issues related to the well-being of women and public policies designed for their health.

The development of world society is still far from the existence of a State that has a specialized and adequately trained look when thinking about public policy projects to meet

the needs of women and girls, especially in the area of health, an important factor for the female freedom.

In the work: ''*Desenvolvimento Como Liberdade*" *(Development As Freedom),* the Indian economist who created the HDI (Human Development Index) and Nobel Prize in Economics, substantiates the need for social participation in government decisions as a manifestation of freedom as a requirement for economic development.

The ends and means of development demand that the perspective of freedom be placed center stage. From this perspective, people have to be seen as actively involved – given the opportunity – in shaping their own destiny, and not just passive beneficiaries of the fruits of ingenious development programs. The state and society have broad roles in strengthening and protecting human capabilities. They are supporting roles, not custom delivery (SEN, 2000, p. 71).

In some democracies it is already possible to glimpse the great relevance in terms of greater chances of achieving success in the implementation and adequacy of public policies when thought by their recipients based on their real needs.

The United Nations also points out the importance of the role of women through feminist movements and civil society, in the implementation of public policies, as can be seen:

"Civil society is one of the most important sectors with which UN Women works. It is a very dynamic source of normative ideas and perspectives, partnerships and support." (UN Women).

For just 30 years, Latin American countries have been operating affirmative action in favor of women's political rights. "Gender quotas" were gradually incorporated into legislation. These actions are essential for women's participation in decision-making on public policies that concern them.

Argentina, in 1991, was the first Latin State to guarantee the gender quota through law. Through debates with society on parity democracy and tools for gender equality, it guarantees the participation of women in public policies that have been continuously worked on to reach the transversality of the equality policy with citizen participation and the various social organizations.

A similar proposal is recognized when we analyze the equality policies implemented by the Government of Mexico. The president of the National Institute for Women, Nadine Gasman Zylbermann, highlights that "the achievement of women's rights has not been easy, because with the conquest of more spaces of power, resistance to women's participation in politics has become visible." This is just one of the many barriers to be overcome.

In the State of Mexico, the recognition of political violence in the legal and institutional framework took place in 2020 and was possible thanks to the groups of thousands of women organized in search of parity, clearly showing that the success of public policies to be implemented is closely linked and non-negotiably related to the participation of stakeholders and must also involve various actors, civil society, the legislature, the judiciary, among others. It is through the Ministry of Women, working together with civil society to give effect to the National Institute for Women's Gender Equity Program, that the Government of Mexico aims to support the development of projects to promote gender equality.

The Republic of Uruguay, in turn, adopts the "Strategy for Gender Equality" as a State commitment that will serve to guide the specific plans of the working groups of the National Gender Council, and also "agree on the substantive pillars for transversality. of the equality policy with citizen participation

and of the various social organizations." The international commitments and recommendations assumed by the Uruguayan State, as well as the national agenda of the women's and feminist movement, are major challenges for the formulation and implementation of public policies as a goal to be achieved as the main priorities identified by civil society to achieve by 2030, with substantial achievements in the pursuit of gender equality.

Two of the most striking features of the Ministry of Women of the Dominican Republic, one of the reference countries in the recognition of the indispensability of women's participation for the achievement of rights and implementation of these, are interdisciplinarity and intersectoriality. Within this premise, from the 1990s to the mid-2000s, she dedicated herself to the work of reviewing the legal norms of the national legal system on the condition and situation of Dominican women, doing so through important ministerial contributions with the review and improvement of laws and decrees issued that cover aspects related to the prevention and punishment of violence against women, political participation, education, the condition and situation of women. rural women, sexual and reproductive health. The Directorate of Intersectoral Coordination of the Ministry of Women of the Dominican Republic clearly states on its website (www.mujer.gob.do) that it is within the scope of its general objective "To promote the social and political leadership of women to guarantee their presence in decision-making and contribute to the construction of a parity democracy. Yet another country that, through examples, reinforces the indispensability of women's participation when it comes to defining public policies for women.

ADVANCES IN PUBLIC POLICIES ON WOMEN'S HEALTH ACHIEVED THROUGH WOMEN'S PARTICIPATION IN HEALTH CONFERENCES AND IN CNS (NATIONAL HEALTH COUNCIL)

CNS (National Health Council) Resolution 507 of 2016 is an important example of how the participation of women in Health Conferences and in the National Health Council is essential for women's health policies to be developed, as this Resolution publicizes the motions approved by the National Health Councils. Delegates and Delegates at the 15th National Health Conference, among which the proposals stand out:

1.1.8 - Defend women's sexual and reproductive rights over their health and life, with a view to reducing sexual and domestic violence, reducing maternal mortality, reproductive planning, care in situations of abortion, women's health, young people, lesbians, black, rural, indigenous, with disabilities and pathologies.

1.2.39 - Implement adapted equipment such as adjustable stretchers, adapted scales and gynecological examination tables for women with disabilities.

1.2.50 - Create Support Houses for Puerperal Women.

1.2.59 - Ensure HR, equipment, physical structure and supplies for adequate prenatal, childbirth and puerperium, with training and continuing education of a multidisciplinary team for humanized treatment and reception of women and their families, as recommended by the stork network; renovation of the obstetric center and maternity hospitals to adapt the environment to care for women and their families; construction of new pre-hospital normal birth centers, with an increase in the number of vacancies with training of obstetric nurses and doulas.

1.2.60 - Expand and guarantee resources

on the part of the union and the state to transform the paradigm of care for women's sexual and reproductive health, based on the reference of the National Policy for Integral Attention to Women's Health and their right to the body and to bodily integrity, with guarantee of their autonomy and respect for their gender identity, sexual orientation, including women deprived of their liberty, in the logic of the singular therapeutic project, aiming at the reduction of sexual and domestic violence, of preventable deaths, including maternal deaths, the reproductive planning, assistance in situations of abortion and expanding assistance to women victims of sexual violence.

1.3.8 - Implement a Health Program for Indigenous Women and Children in partnership with the competent authorities that manage indigenous health in the States.

1.3.40 - Implement the Comprehensive Health Care Program for Indigenous Women and Children in partnership with the competent authorities that manage indigenous health in the States.

1.3.44 - Defend the sexual and reproductive rights of women over their health and life, aiming at: elimination of sexual, work and domestic violence, reduction of maternal mortality, reproductive planning, dignified and humanized care in situations of abortion, health of young women / lesbians / black / rural women / quilombolas / indigenous / with disabilities and pathologies, gypsies, women deprived of their liberty, homeless and sex workers, women trans, and inclusion of a gender approach in the training of health professionals. Encourage the practice of normal delivery in order to reduce the number of cesarean deliveries.

2.5.9 - Ensuring the inclusion in the spaces of the health councils of representations that seek to face inequities in health, such as women, the elderly, rural forest population, youth, black youth, traditional peoples and communities, quilombolas, LGBTT, population in street situations, gypsies, people with disabilities, groups national network of people – STD/HIV AIDS, as well as strengthening the participation of indigenous movements and organizations in indigenous health districts, and advancing their articulation with other sectoral policy councils.

As we can see, the demands are varied in degree of complexity, including even simple issues, which demonstrates that women's health policies are highly dependent on these spaces of social participation to advance, especially when the issues include more complex themes such as violence, race, ethnicity, sexuality and sexual diversity, reproductive rights, etc.

CONCLUSION

As we have seen, the right to health is a requirement for the quality of life and happiness of individuals, which is why it is protected in the most relevant norms of both international and domestic law in many national states.

However, unfortunately this very important right, like many others, is not enjoyed equally by men and women, especially when considering issues related to race, ethnicity, sexual freedom, reproductive freedom and is even less effective for women in economic vulnerability. This is one of the countless institutionalized gender violence in our social and state structures.

Still, different countries and regions adopt strategies with greater or lesser effectiveness in reducing this inequality, but the women's organization is a reality in most of the world's democracies since it is only through the claim and occupation of political spaces that it is possible to change this scenario.

Despite the difficulties and challenges,

much progress has already been made, but we can still learn a lot from the experiences of other nations. With regard to women's health in Brazil, we still have a long way to go so that women occupy political spaces in the same proportion that they hold demographically. This is a slow process, but necessary to guarantee your most fundamental rights. It is also noticed that it is in the spaces provided by the Health Conferences, which only occur every four years, that the main demands arise, including greater female representation in the Health Councils, which are permanent bodies with greater power. and autonomy to define women's health policies and even have supervisory power and some control over financial resources in the health area, which shows that women still find it difficult to occupy spaces with greater power permanently.

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